

# Commercial Motor Vehicle Accident Reporting

---

A commercial motor vehicle collision can be a stressful experience for everyone involved. It can be easy to feel overwhelmed and confused after a collision, but it is important that you stay calm.

There are a number of critical post-crash steps you need to keep in mind—steps that can help save lives, keep those involved safe and simplify your insurance claims process. Remember to do the following:

- **Step 1:** Stop your vehicle. If you are involved in an accident and don't stop, you may be subject to criminal prosecution.
- **Step 2:** Call for medical aid, if necessary.
- **Step 3:** Call the authorities for any accidents or incidents that occur on public roadways, so that the accident is reported and recorded with a police report. If an accident occurs on private property that causes property damage, speak with the owner of the property and your supervisor to determine next steps, but always document the damage by taking pictures, and fill out the accident form to record what happened.
- **Step 4:** Follow the instructions given to you by the 911 operator. Police or emergency personnel will arrive as soon as possible. Do not try to move anyone injured in the accident, as you may aggravate their injuries.
- **Step 5:** If it is safe to do so, get out of your car. If you have access to a digital camera or cellphone, take pictures of the scene.
- **Step 6:** When it is safe, move your vehicle to the side of the road and out of traffic. If your vehicle cannot be driven, turn on your hazard lights or use cones, warning triangles or flares, as appropriate.
- **Step 7:** Use the attached form to record as much information about the accident as possible.
- **Step 8:** Notify your supervisor or dispatch as soon as it's safe to do so. Accident documentation (accident report forms and pictures/disposable camera) should be turned into your supervisor or human resources department before the end of your shift.

Remember, as difficult as it may seem, it is important that you remain claim. Refrain from arguing with other drivers and passengers. What's more, do not voluntarily assume liability or take responsibility, sign statements regarding fault or promise to pay for damage at the scene of the accident.

YOUR INFORMATION		
<i>Your name:</i>	<i>Your driver's license number:</i>	<i>Your full address and phone number:</i>
<i>Vehicle owner's name (if different from driver):</i>	<i>Owner's full address and phone number (if different from driver):</i>	
YOUR VEHICLE INFORMATION		
<i>Year make and model:</i>	<i>Mileage:</i>	<i>Color:</i>
<i>Plate number and state:</i>	<i>Vehicle identification number (VIN):</i>	<i>Was the vehicle in proper driving condition?</i>
YOUR INSURANCE INFORMATION		
<i>Insurance company:</i>	<i>Phone number:</i>	<i>Policy number and expiration date:</i>
YOUR PASSENGERS		
<i>List the full name and position of every passenger (front, back seat):</i>		<i>Describe any passenger injuries:</i>

THE OTHER DRIVER'S INFORMATION		
Other driver's name:	Other driver's license number:	Other driver's full address and phone number:
Vehicle owner's name (if different from other driver):	Owner's full address and phone number (if different from other driver):	
OTHER VEHICLE INFORMATION		
Year make and model:	Mileage:	Color:
Plate number and state:	Vehicle identification number (VIN):	Was the vehicle in proper driving condition?
OTHER DRIVER'S INSURANCE INFORMATION		
Insurance company:	Phone number:	Policy number and expiration date:
OTHER VEHICLE'S PASSENGERS		
List the full name and position of every passenger in the other vehicle (front, back seat):		Describe any passenger injuries:

## ACCIDENT INFORMATION

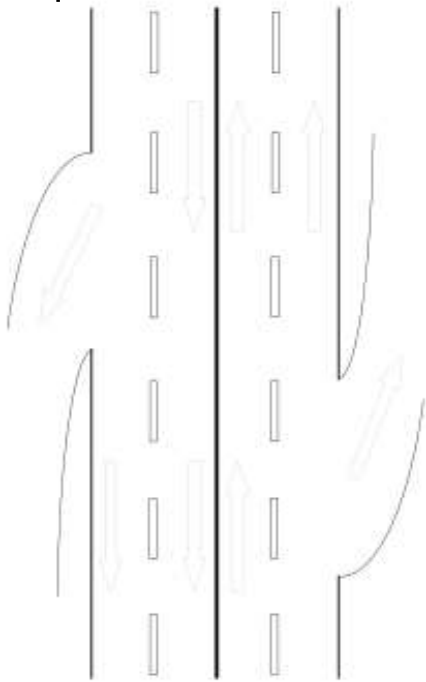
Date and time:	Estimated speed of your vehicle (mph):	Is your vehicle drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location (city, crossroads, landmarks):	Estimated speed of the other vehicle (mph):	Is the other vehicle drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the damage to your vehicle:		Describe the damage to the other vehicle:
Road conditions: <input type="checkbox"/> Icy <input type="checkbox"/> Wet <input type="checkbox"/> Clear <input type="checkbox"/> Debris <input type="checkbox"/> Other:	Weather conditions: <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Rain <input type="checkbox"/> Other:	Lighting conditions: <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Other:
Other details of the accident:		

## COLLISION WITNESSES

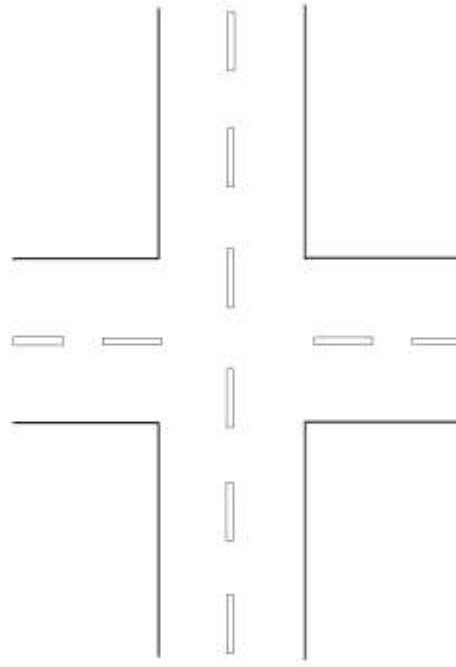
Name:	Phone number:	Address:
Email:		
Name:	Phone number:	Address:
Email:		
Name:	Phone number:	Address:
Email:		

## ACCIDENT DIAGRAMS (DRAW OUT)

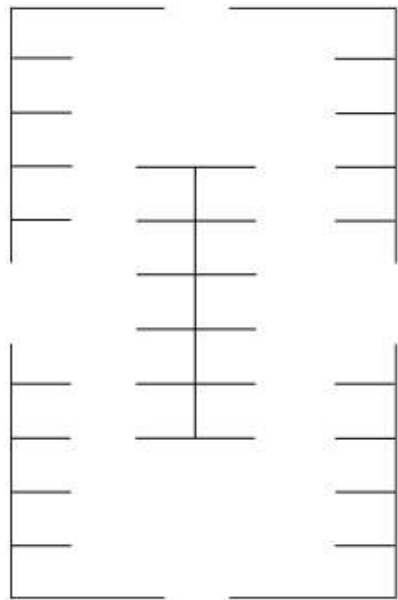
**Highway ramp**



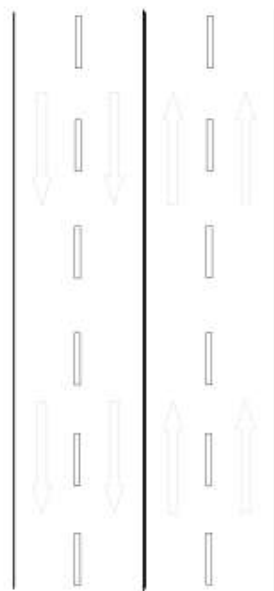
**Four-way intersection**



**Parking lot**



**Two-lane highway or road**



*Legend (Please use the following symbols to complete the collision diagram):*

**Your Vehicle**



**Other Vehicles (Numbered Successively)**



**Pedestrian**



**Traffic Signal**



**Traffic Sign (Indicate Type)**



ATTENDING POLICE OFFICER		
Name:	Badge number:	Phone number:
TOW TRUCK OPERATOR		
Driver's name:	Company:	Truck number:
Phone number:	Vehicle towed to:	Cost: